

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

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Return should preferably be made
person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami County Dade No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

I HEREBY CERTIFY that the child described herein has been
named

DATE OF BIRTH* September 30 1924
(Month) (Day) (Year)

Ethel High
(Give name in full) (Surname)

FULL* FATHER
NAME Miles Edward High

FULL* MOTHER
MAIDEN NAME Sarah Cransurck

Parents
(Signature) Sarah High
Cyril M. Brown M.D.
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
tenth day of following month.

Changing name of child

583-930-232-6-24-25